

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 17 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N29467** (0)  
1. Corporation Name  
**FORT MYERS JAYCEES, INC.**

Principal Place of Business Mailing Address  
**ROBERT E. BARNHART** P.O. BOX 061466  
6688 FAIRVIEW ST FT. MYERS FL 33906  
FT MYERS FL 33912  
US

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/28/1988</b>   | 3a. Date of Last Report<br><b>04/01/1994</b> |
| 4. FEI Number<br><b>59-0250411</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. |
| 23. City & State                | 27. City & State        |
| 24. Zip                         | 28. Zip                 |
| 25. Country                     | 29. Country             |
| 30. Country                     |                         |

9. Name and Address of Current Registered Agent  
**D 'ALESSANDRO, JOSEPH P.**  
**1130 SHADOW LANE**  
**FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 85. Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>P</b>                               | NAME<br><b>CREWS, BERNIE</b>               | 1.1 TITLE<br><b>PRES T</b>                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>6688 FAIRVIEW ST</b>       | CITY-ST-ZIP<br><b>FT. MYERS FL</b>         | 1.2 NAME<br><b>BERNIE CREWS</b>                       |  |
|   |  | 1.3 STREET ADDRESS<br><b>6688 FAIRVIEW ST</b>         |  |
|   |  | 1.4 CITY-ST-ZIP<br><b>FT MYERS FL 33912</b>           |  |
| TITLE<br><b>VP</b>                              | NAME<br><b>METHOD, TODD</b>                | 2.1 TITLE<br><b>State Director</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>11990 S. CLEVELAND AVE</b> | CITY-ST-ZIP<br><b>FT. MYERS FL</b>         | 2.2 NAME<br><b>Kenneth Wayne Shreve Jr.</b>           |  |
|   |  | 2.3 STREET ADDRESS<br><b>1055 Palm Ave H 2-12</b>     |  |
|   |  | 2.4 CITY-ST-ZIP<br><b>D. Emerald FL 33903</b>         |  |
| TITLE<br><b>TS</b>                              | NAME<br><b>MONAGHAN, STEPHEN</b>           | 3.1 TITLE<br><b>DIRECTOR</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>3903 4TH ST WEST</b>       | CITY-ST-ZIP<br><b>LEHIGH ACRES FL</b>      | 3.2 NAME<br><b>J. BRENELLI</b>                        |  |
|   |  | 3.3 STREET ADDRESS<br><b>12881 EAGLE PLE CR</b>       |  |
|   |  | 3.4 CITY-ST-ZIP<br><b>FM, FL 33913</b>                |  |
| TITLE<br><b>VO</b>                              | NAME<br><b>DOBBS, JERRY</b>                | 4.1 TITLE<br><b>MEMBER, D</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>4319 LAGG ST.</b>          | CITY-ST-ZIP<br><b>FORT MYERS FL 33901</b>  | 4.2 NAME<br><b>ROBERT VALENTA</b>                     |  |
|   |  | 4.3 STREET ADDRESS<br><b>P.O. BOX 61101</b>           |  |
|   |  | 4.4 CITY-ST-ZIP<br><b>FT. MYERS FL 33906</b>          |  |
| TITLE<br><b>VP</b>                              | NAME<br><b>SMITH, DEBBIE</b>               | 5.1 TITLE<br><b>MEMBER, D</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>5510-1 HENLEY ST.</b>      | CITY-ST-ZIP<br><b>PINE ISLAND FL 33922</b> | 5.2 NAME<br><b>KAWN, SHREVE</b>                       |  |
|   |  | 5.3 STREET ADDRESS<br><b>1055 Palm Ave H 2-12</b>     |  |
|   |  | 5.4 CITY-ST-ZIP<br><b>D. Emerald FL 33903</b>         |  |
| TITLE<br><b>SD</b>                              | NAME<br><b>MONTANEZ, LISA</b>              | 6.1 TITLE<br><b>VP</b>                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>5510-1 HENLEY ST.</b>      | CITY-ST-ZIP<br><b>PINE ISLAND FL 33922</b> | 6.2 NAME<br><b>TODD METHOD</b>                        |  |
|   |  | 6.3 STREET ADDRESS<br><b>11990 S. CLEVELAND AVE</b>   |  |
|   |  | 6.4 CITY-ST-ZIP<br><b>FT MYERS FL 33907</b>           |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BERNIE CREWS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Society First Federal Savings &  
Weaver's Corner Office  
1890 N. E. Tamiami Trail  
North Fort Myers, Florida 33903-15  
(813) 997-2600

WE REC'D THIS.

January 18, 1995

Fort Myers Jaycees, Inc.  
P.O. Box 061466  
Ft. Myers, FL 33906-1466

RE: Verification of Tax ID Number (cond request)

Dear Sirs:

Our records indicate that the Tax Identification Number we have on file is incorrect. I have enclosed a W-9 form to be completed and returned. Please fill in your tax ID number we indicated in red and return in the enclosed postage paid envelope.

Your prompt attention to this matter will be appreciated. Should you have any questions please contact me at the number above.

Sincerely,

Lisa A. Clark  
Branch Administrative Manager